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CONFIRMATION NO. 7144

<b>SERIAL NUMBER</b> 10/706,429	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 35050.004
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## APPLICANTS

RTH Michael D. Saffran, Genoa, NV;

## \*\* CONTINUING DATA \*\*\*\*\*

RTH This appln claims benefit of 60/445,744 02/07/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

RTH NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Richard H. Hiney</i> Initials <i>RTH</i>				

## ADDRESS

30589

## TITLE

Earmuff having anatomically correct ear cups

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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